

APR 20 2004

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: April 20, 2004

TO: Examiner: James O. Hansen : **RE: U.S. Patent Application**
Art Unit: 3637 : **Serial No.: 09/682,422**
Fax: 703-872-9306 : **Applicant: DiEnno et al.**
From: Thomas M. Fisher : **Atty. Dkt. No.: 9D-DW-19893**

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.);
Amendment in Response to the Office Action dated March 25, 2004 (7 pgs), and
Certificate of Facsimile Transmission (1 pg.)


Total pages including cover page: 11

If all pages are not received, please contact: Laura Davis at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: RIBBED ESCUTCHEON FOR APPLIANCE DOOR ASSEMBLY
Filed: August 31, 2001
AT File No. 13307-150

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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APR 20 2004

OFFICIAL

PATENT

Attorney Docket No.: 9D-DW-19893

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: DiEnno et al. :
Serial No.: 09/682,422 : Group No.: 3637
Filed: August 31, 2001 : Examiner: Hansen, James O.
For: RIBBED ESCUTCHEON FOR :
APPLIANCE DOOR ASSEMBLY :

Mail Stop: NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

- Amendment Transmittal (3 pgs.)
- Amendment in Response to the Office Action dated March 25, 2004 (7 pgs.)

STATUS

2. Applicant

claims small entity status.
✓ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

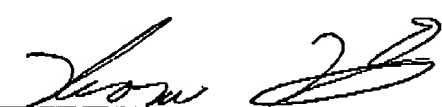
MAILING

Deposited with the United States Postal Service
with sufficient postage as Express Mail, in an envelope
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D.C. 20231 *Express Mail No.*: _____

Date: April 20, 2004

FACSIMILE

✓ Transmitted by facsimile to the Patent and
Trademark Office


Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 400.00	\$ 200.00
_____ third month	\$ 920.00	\$ 460.00
_____ fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

		(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.	13	MINUS	20	= 00	x \$9 = \$		x \$18 = \$
	2	MINUS	4	= 00	x \$42 = \$		x \$84 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$ _____

FEE PAYMENT


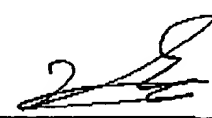
5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:

 
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